STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's	e nartnershin				The second 18 (17)]	e, Richard Pa
Path Vounce:	s partificionip,	firm or cor	poration, if any	:	David McKil	rop
nucit, routin i	and Pigna	atelli,	P.C.			
	me of partnership					
One Capital			Concor	d	NH	03301
Business Address: (Str	•		(Town/City)		(State)	(Zip Code)
603 226-260 (Telephone)	00	_ (⁶⁰³)_	226-2700		e-mail dgc@rat	hlaw.com
(Telephone)			(Fax)			
II. This statement co	overs: (Choose	one – file s	eparate reports	for eacl	h client, OR you may	file a separate report
eportable expense ti	ransactions wi	iich are not	attributable to	any one	chent).	
All reportable tran	sactions occurr	ing in the m	onths prior to th	e reporti	ng date relative to the f	Collowing client:
-		outh Co				
			ppears on the Lobi	vist Regi	stration Form)	
OR	(1 an i vaine or	enom ao n a	, , , , , , , , , , , , , , , , , , , ,	-,	,	
	sactions by the	lobbyist (in	cluding the lobby	vist's fan	nily), or the lobbying fi	rm listed below which
unrelated to any partic		•				
				•		
IV. Date of Report Reports cover: activ	April 26, 20 wity from date of		0 3/31/17	J activity	uly 26, 2017 [] from 4/1/17 to 6/30/17	
Reports cover. uciti	October 25,		0 3/31/17		anuary 31, 2018 🗆	
	activity from 7/	(/1/ (0 9/30/1	7	activity	from 10/1/17 to 12/31/17	,
lf this box is checked,	n no fees rece	ived and n	o reportable t	ransact	from 10/1/17 to 12/31/17 ions made since the y of State's Office, State	last report.
If this box is checked, Concord, NH 03301.	n no fees rece complete just t	ived and n	o reportable t	ransact	ions made since the	last report.
lf this box is checked, Concord, NH 03301. VI. Check if addition	n no fees rece complete just t	ived and n his form and attached:	to reportable t I submit it to the	ransact Secretai	ions made since the y of State's Office, Sta	last report. He House, Room 204,
If this box is checked, Concord, NH 03301. VI. Check if addition ✓ If you have receiv	n no fees rece complete just t nal reports are ved fees or mad an honorarium	ived and r his form and attached: e expenditu	to reportable to the submit it to the res, you must file	ransact Secretar	ions made since the	last report. House, Room 204, enses

P E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) David Collins/Gina Powers/Glenn Wallace/R	Richard Parsons/David McKillo
II. Name of lobbyist's partnership, firm or corporation, if any:	
Rath Young and Pignatelli, P.C.	
(Name of partnership, firm or corporation)	
III. Name of Client	Date <u>October 25, 2017</u>
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$4,166.66
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$14,576.65 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$18,743.31
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$4,166.66
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	4,166.66
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	14,576.65
f) Total of all expenses year to date	f) \$	18,743.31
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fe	ees during this reporting
Paid to:	Amoun	t:
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that th	e foregoing information
DOMROO-	Octol	per 25, 2017
(Signature of loobyist)		(Date)
David G. Collins (Print Name of lobbyist)		